
SENATE BILL No. 521

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-11.5-3.

Synopsis: Directing of Medicaid patients to certain hospitals. Removes December 31, 2000, expiration date of a provision that: (1) prohibits a Medicaid managed care contractor from providing incentives or mandates to primary medical providers to direct certain Medicaid recipients to contracted hospitals other than a hospital in a city where the recipient resides; and (2) requires certain Medicaid hospitals to comply with eligibility verification and medical management programs negotiated under the hospital's most recent contract or agreement with the Medicaid managed care contractor. (The introduced version of this bill was prepared by the interim study committee on Medicaid oversight.)

Effective: December 30, 2000 (retroactive).

Smith S

January 22, 2001, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

SENATE BILL No. 521

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-11.5-3, AS ADDED BY P.L.142-2000,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 DECEMBER 30, 2000 (RETROACTIVE)]: Sec. 3. (a) The office or
4 the office's managed care contractor may not provide incentives or
5 mandates to the primary medical provider to direct individuals
6 described in section 2 of this chapter to contracted hospitals other than
7 a hospital in a city where the patient resides.
8 (b) A hospital that provides services to individuals described in
9 section 2 of this chapter shall comply with eligibility verification and
10 medical management programs negotiated under the hospital's most
11 recent contract or agreement with the office's managed care contractor.
12 (c) ~~This section expires December 31, 2000.~~
13 SECTION 2. **An emergency is declared for this act.**

